



Neighborhood Legal Services  
of Los Angeles County

*50 years of changing lives and transforming communities*

May 29, 2015

Christina R. Ghaly, M.D., Director of Health Care Integration  
Carol Meyer, BSN, MPA, Community Outreach Coordinator  
County of Los Angeles Chief Executive Office  
500 W. Temple St.  
Los Angeles, CA 90012

Re: Health Integration Motion

Dear Dr. Ghaly and Ms. Meyer:

Neighborhood Legal Services of Los Angeles County (NLSLA) is one of California's leading public interest law firms, having served Los Angeles' impoverished communities for more than 50 years. NLSLA's innovative Health Consumer Center (HCC) provides direct assistance to tens of thousands of County residents seeking to access health care, educates the community about their rights, and works collaboratively with the community and the County to improve and transform the delivery of health care in Los Angeles. Through these efforts, NLSLA advocates have become experts in comprehensive and effective health services to the County's low-income residents.

Given our extensive experience, we are well-positioned to speak to issues low-income health care consumers would face as a result of the Los Angeles County Board of Supervisors' motion to create a health agency to oversee and integrate certain functions of the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH). We have read the Draft Report on the motion published by the Office of Health Integration of the Chief Executive Office ("CEO") and we offer the following comments for the CEO's and Board's consideration.

NLSLA believes that greater integration of services and implementation of no-wrong-door policies among the Departments holds great promise for low-income Los Angeles County health care consumers. At the same time, like many other community members and organizations, we are also cognizant of certain risks inherent in a re-organization and restructuring effort of this magnitude. We urge the County to consider several key principles that are critical to protecting access to care and ensuring meaningful participation in the integration process by the residents that depend on County services.

**ADMINISTRATIVE OFFICE**  
1102 East Chevy Chase Drive  
Glendale, CA 91205  
Fax (818) 291-1790

**EL MONTE OFFICE**  
9354 Telstar Ave  
El Monte, CA 91731  
Fax (626) 307-3650

**GLENDALE OFFICE**  
1104 East Chevy Chase Dr.  
Glendale, CA 91205  
Fax (818) 291-1795

**PACOIMA OFFICE**  
13327 Van Nuys Blvd  
Pacoima, CA 91331  
Fax (818) 896-6647

TEL: (800) 433-6251

(1) **Meaningful consumer participation.**

**(a) Participation before Board vote.** NLSLA is concerned that the stakeholder process to date has been insufficient to obtain informed input about the proposal from community members. As a preliminary matter, very little has been done to educate community members through outreach and materials written at an accessible reading level and in threshold languages for limited English proficient residents. The public meetings were inaccessible to a large swath of Los Angeles County given that they were held during workday hours in geographically inaccessible locations.

While the change contemplated at this time is at the County governance level rather than the service delivery level, NLSLA encourages further consumer engagement at this stage to inform the Board's mission and vision for the health agency, and its directives to the agency director regarding the creation of an ongoing stakeholder process and a patient advocacy program. NLSLA recommends targeted focus groups to solicit community feedback. These meetings must be held in accessible community settings throughout the County, with consumers that represent the social, economic, ethnic and geographic diversity of our County, during hours that accommodate typical work schedules, and with provisions made for disability and language access, including translation of outreach materials into the threshold languages.

**(b) Mechanism for ongoing stakeholder feedback.** NLSLA recommends inclusion of specific provisions for stakeholder input in the CEO's Final Report and in the Board's directive to the agency. Consumers and community based organizations must be afforded the opportunity to provide feedback about how the health agency is created and its performance once implemented.

NLSLA's experience in a variety of health stakeholder groups at both the County and State levels has underscored the vital importance of meaningful dialogue between agencies and stakeholders. We have participated in a number of successful County and community collaborations, such as the Joint Dialogue Department of Public Social Services workgroup and the "Everyone on Board" coalition with DHS. Based on these successful models, we recommend:

- Creation of an advisory group that meets on a regular basis and is open to broad participation of client coalitions and advocacy, education, and outreach groups.
- Collaboration between the agency and stakeholder advisory group in crafting the vision, mission, and principles of the agency.
- Consultation with the stakeholder advisory group to obtain its input at each phase of agency development, from governance to care delivery planning.
- Opportunity for stakeholder feedback on policy and guidance issued to each of the health departments.

- Regular reporting of the stakeholder advisory group to the Board of Supervisors on the progress and challenges of integration.

(2) **Improved services, not cost-savings, is the primary goal.** The new health agency should not be promoted as a cost-saving mechanism. According to the CEO, “there is hope that an agency could yield long-term cost-savings.” (Draft Report at 5). NLSLA is concerned that if cost-savings becomes one of the primary goals for the new health agency, service cuts may ultimately result from agency decisions that prioritize savings over improved services. NLSLA advocates that the CEO advise the Supervisors against prioritizing cost-savings as a goal for the new agency, including in their selection of the agency’s director.

(3) **Patient Advocacy Program.** NLSLA strongly recommends that the CEO’s Final Report endorse creation of a mechanism for patients to resolve issues that arise when accessing services and coordinating care. NLSLA advocates for tens of thousands low-income Los Angeles County residents who confront problems and barriers to care with County health services, Medi-Cal, Covered California, the Coordinated Care Initiative (CCI), and private insurance. Our experience in advocating for Angelenos consistently reinforces how critical patient advocacy programs are, especially when undergoing such major innovations and changes. The Draft Report encourages “[f]urther discussions...among Departmental leadership to assess whether there is support for creation of” an ombudsman program. (Draft Report at 50). Currently, each health department has a radically different mechanism for resolving consumer problems. NLSLA urges the CEO to recommend, and the Supervisors to adopt, provisions and funding for a patient advocacy program that would:

- Enumerate the powers of the agency to investigate and resolve consumer complaints at both the intra- and inter-departmental level and to ensure consistent handling of issues within each department.
- Hold the agency accountable for tracking and reporting the incidence and outcomes of consumer complaints to the Board of Supervisors.
- Specify a timeline for investigation and resolution of urgent and non-urgent complaints.
- Guarantee that patient protection organizations can work collaboratively with the agency to advocate on behalf of their clients and escalate concerns to the agency when appropriate.

Without such a program, many of the patient level goals of integration may go unrealized, and unintended consequences may not be identified. The new health agency must provide an avenue for effective problem-solving by individuals and their advocates.

(4) **Agency structure that advances integration while ensuring departmental parity.** NLSLA was pleased that the CEO recommended an “open, competitive recruitment for the agency director position, considering various candidates rather than immediately appointing an existing Department director as the agency director.” (Draft Report at 39). NLSLA believes the CEO’s Final Report should go a step further: the director of the new

agency should not concurrently hold the position of DHS, DMH, or DPH department head. The leader of the new agency should be independent of any of the departments to protect each department's interests and to facilitate the director's full-fledged engagement in the complex undertaking of integration.

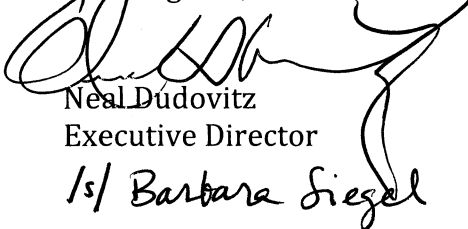
(5) **Regular evaluation and identification of unintended consequences.** The new health agency's successes and failures, based on a variety of metrics produced with stakeholder input, should be transparent. NLSLA endorses the view of the CEO that "Agency and Departmental leadership should ... be expected to report publicly, on a regular basis, on the opportunities being pursued and whether or not risks are being appropriately prevented." (Draft Report at 55). NLSLA urges that an independent consultant perform the evaluations and identify any unintended consequences of the merger.

In conclusion, NLSLA is supportive of many of the goals of integration, such as "integrating services at the point of care for those seeking services," addressing "major service gaps for vulnerable populations,] and "streamlining access to care." (Draft Report at 6). Even the best-laid plans will have consequences for low-income health care consumers, and NLSLA advocates for provisions in the proposal for a health agency to ensure such consequences are promptly identified and remedied.

NLSLA thanks the Office of Health Integration for providing us the opportunity to participate in the stakeholder process. We especially thank Carol Meyer and Dr. Ghaly for meeting with us, and Carol Meyer for presenting the proposal and answering community members' questions at a meeting of the Building Health Communities Boyle Heights.


We look forward to continuing to work with you and the Board of Supervisors to improve the delivery of health services to all County residents.

Best Regards,



Neal Dudovitz  
Executive Director

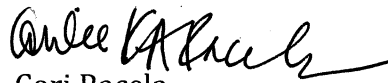
/s/ Barbara Siegel  
Barbara Siegel  
Visiting Lecturer, USC Gould School of Law




Gerson Sorto  
Staff Attorney



Yvonne Maria Jimenez  
Deputy Director

  
Cori Racela  
Associate Director of Litigation and Policy



Ella Hushagen  
Staff Attorney